



PATIENT

Arya Ervin

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

7 Years

WEIGHT

28.8 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

72526

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Presented for lethargy and not acting like herself, worsened over the past 2 days, though has been ongoing approx 1 week. Specific concerns include inappetence, urinating in the house (which is abnormal), runny diarrhea, vomiting, shaking, and decreased energy.

PE: tense abdomen, icteric MM, Lepto Witness test: NEGATIVE

Plan: Hospitalization recommended, O declined, P went home with oral medications

Recheck Jan 27 2026 - The patient remains clinically affected, presenting with ongoing inappetence, lethargy, and abdominal pain.

Current Medications - Methadone 0.2mg/kg q6hrs; Ampicillin 22mg/kg TID; Maropitant 1mg/kg SID; Metronidazole 7.5mg/kg BID; Pantoprazole 1mg/kg

Abnormal PE/Chem/CBC/UA Results: Jan 24 2026 BW: ALT 864 (10 - 125 U/L) ALP 1,534 (23 - 212 U/L) GGT 33 (0 - 11 U/L) Bilirubin - Total 206 (0 - 15 µmol/L) Cholesterol 10.04 (2.84 - 8.26 mmol/L) Jan 27 2026 BW: ALT 739 (10-125 U/L) ALKP 1531 (23-212 U/L) GGT 32 (0-11 U/L) TBIL 337 (0-15 µmol/L) CHOL 8.28 (2.84-8.26 mmol/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present bilaterally in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 6.4 cm. Right kidney measures 5.65 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.05 cm in length x 0.62 cm at the caudal pole and 0.57 cm at the cranial pole.

The right adrenal gland is visualized. It appears to have normal size, shape and position. Resolution limits ability to assess glandular structure, but no specific nodules or masses are visualized or suspected. Right measures 1.66 cm in length x 0.55 cm at the caudal pole and 0.65 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively of normal size with slightly rounded borders. Parenchyma is diffusely abnormal with a coarse hypoechoic appearance with poorly defined hypoechoic nodules and hyperechoic striations noted throughout the parenchyma. No specific masses were visualized.



PATIENT

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

Canine

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout, with no overt distention. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Poodle x

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

WEIGHT

Free Abdomen

28.8 kg

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

- Diffusely abnormal liver with coarse echotexture and poorly defined nodules and hyperechoic striations.
- Mild aging renal changes with mild nephrocalcinosis.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Kelly Reschny

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). They are likely at least partially chronic in nature but may represent an acute on chronic hepatopathy. Liver FNA is recommended to further characterize parenchymal changes. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued. Empiric antibiotic therapy is not unreasonable given severity of elevations and antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage.

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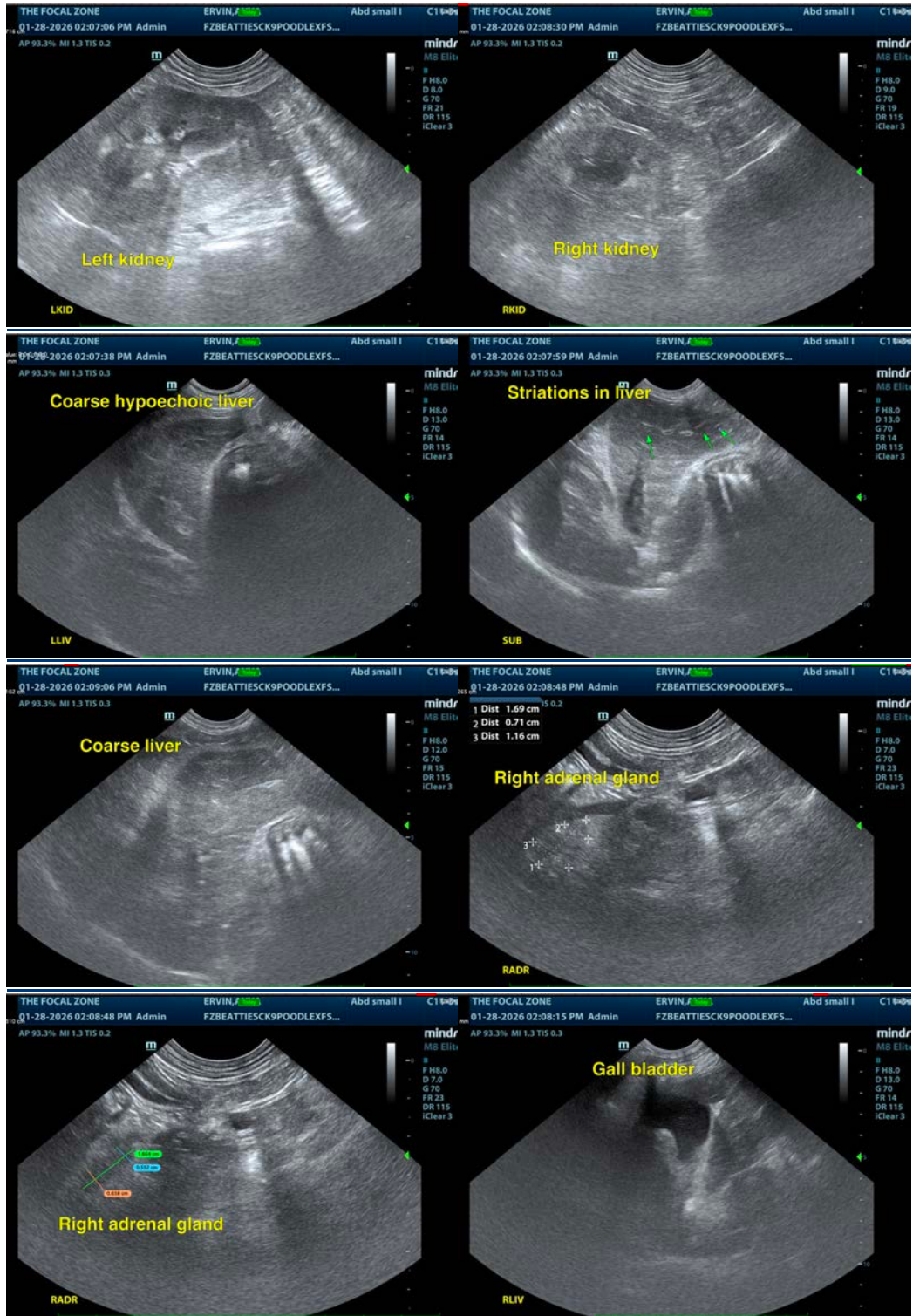
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com